

Hospital Presumptive Eligibility Errata Sheet

Use this form to report errors made by hospital employees when entering Hospital Presumptive Eligibility (PE) information in TennCare Connect. Complete the form, sign below, and **fax** to TennCare at 855-315-0669. You may **not** use this form to change the Hospital PE member's health plan. Instead, the Hospital PE member must call the TennCare Solutions Unit at (800) 878-3192 to switch health plans.

Applicant First Name (as initially entered):	Applicant Last Name (as initially entered):	Applicant DOB (as initially entered):
Applicant SSN (as initially entered)	Hospital Employee First Name:	Hospital Employee Last Name:
Hospital Employee Telephone Number:	Hospital National Provider Identifier (NPI):	Hospital Facility Name:

Item to Correct for HPE Enrollee	Data Initially Entered	Correct Data
<input type="checkbox"/> Last Name		
<input type="checkbox"/> First Name		
<input type="checkbox"/> Date of Birth		
<input type="checkbox"/> Sex		
<input type="checkbox"/> SSN		
<input type="checkbox"/> Street Address 1		
<input type="checkbox"/> Street Address 2		
<input type="checkbox"/> City		
<input type="checkbox"/> State		
<input type="checkbox"/> County		
<input type="checkbox"/> Telephone		
<input type="checkbox"/> Effective Date*		

*An effective date cannot be retroactively changed, nor will the Hospital PE span be terminated.

I hereby attest all of the information above is true to the best of my knowledge.

X _____
 Hospital Employee Signature Name of Hospital Date

 Employee Title